

Claim Status: **Authorized**

<Out-Patient FOB>

Claim Ref: **C0002149392/1**

Provider Name : **Al Dawaa Medical Services Co**  
Insurance Co : **Walaa Cooperative Insurance Company**  
TPA Name : **SAUDI NEXtCARE**  
Date of visit : **25/Oct/2021** Plan Type: **Out-Patient**  
**Patient file No:**  
**Dept:**

**Walaa Cooperative Insurance Company**

Policy: **The Egyptian Petroleum Projects Company BR - 1**  
Policy #: **21000289**  
Member: **AHMED JAFAR HAJI ALAHMAD** DOB: **Jun/1996**  
Card #: **C2F3-4CE4-AE32-2602** PIN: **800402729**  
Gender: **Male** Married Iqama #: **1092151685**  
Network: **C** Class: **Class C**

Ded: **MPN(20%Max75SAR)**

Valid Until:

**Diagnosis Description:** E55 Vitamin D deficiency\*

**Claim motive:** Physical Illness/to be specified under assessment/to be specified under assessment

**Chronic** No **Emergency** No

**BP** **Pulse** 0 **Temp** 0 **Resp.Rate** 0 **Onset Date**  
**Chief Complaint & Main Symptoms**

**Requested Services**

Code	Service Description	Quantity Claimed	Quantity Approved
3-961-16	TECFIDERA 240 mg capsule	1.0	1.0
06285074001113	ASPIRIN PROTECT 100MG 60 TABLETS	1.0	1.0

**Authorization Note**

Approved for medicaitons as per agreement subject to technical evaluation and final claim

**SNC Officer:**

Date: **25/Oct/2021**

<b>SNC Comment:</b>	Approved for medicaitons as per agreement subject to technical evaluation and final claim audit.	25 Oct 2021, 09:03:11 PM
<b>SNC Comment:</b>	Service approval request for Member # C2F34CE4AE322602 is under processing for approval.	25 Oct 2021, 08:30:36 PM

**Important:**

1. SAUDINEXtCARE will only approve medical charges directly and strictly to the case registered above. the final bill shall remain subject to billing rules, and to our auditing doctors' approval.
2. SAUDINEXtCARE hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness.
3. Copy of this authorization letter should be attached to the claim on time of claim submission for payment.
4. This Form is subject to the terms, conditions and procedures of the contract signed with SAUDINEXtCARE
5. If you have any questions or require further information please contact our Call Center 24 hours a day/7 days a week on tel. +966 920003055 or fax on +966 138988940.